


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90045 042 \*\*\*150.00

<b>DOCUMENT # F98000002259</b> 1. Entity Name <b>NHLD HOLDINGS CORPORATION</b>					
Principal Place of Business <b>875 N. MICHIGAN AVE. #1560 CHICAGO, IL 60611 US</b>			Mailing Address <b>875 N. MICHIGAN AVE. #1560 CHICAGO, IL 60611 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01102008 Chg-P CR2E034 (12/06)	
4. FEI Number <b>36-4128138</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDWASSER, MARK 120 BROADWAY 27TH FLOOR NEW YORK, NY 10271	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELLER, MARSHALL S. 10866 WILSHIRE BLVD, SUITE 1450 LOS ANGELES, CA 90024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KURLAN, NORMAN J 33 WEST 17TH STREET, 9TH FLOOR NEW YORK, NY 10011	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWEY, CHRISTOPHER C. 120 BROADWAY, 27TH FLOOR NEW YORK, NY 10271
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, GARY A 500 N DEARBORN ST, STE 605 CHICAGO, IL 60610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DASKAL, ROBERT H 875 N MICHIGAN AVE STE 1560 CHICAGO, IL 60611	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSAN, ROBERT J 50 EAST 42ND ST, SUITE 510 NEW YORK, NY 10017	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RETTMAN, PETER 1001 FOURTH AVE 22ND FLOOR SEATTLE, WA 98154	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Robert N. Daskal</u> <b>ROBERT N. DASKAL</b> 01-18-08 312-867-3413 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					